HEALTHY PEOPLE 2010: SELECTED HEALTH DISPARITY AREAS
Baseline data and Targets for the Year 2010

In response to the President's initiative of improving the health status of racial and ethnic minorities of United States, The Department of Health and Human Services selected six focus areas in which racial and ethnic minorities experience serious disparities in health access and outcomes: Infant Mortality, Cancer Screening and Management, Cardiovascular Disease, Diabetes, HIV Infection/AIDS and Immunization. The purpose of this report is twofold: first, to compare U.S.A and Connecticut data on six health disparity areas for Black/African American, Hispanic or Latino, Asian or Pacific Islanders, and American Indian or Alaska Native Populations with the White population specifically highlighting areas where disparities exist; and second, to list the targeted health status for the year 2010 for each of the health indicator.

1. INFANT MORTALITY

Infant Mortality Rates for United States and Connecticut Residents *

Race/Ethnicity	Baseline		Target 2010
	U.S.A.** 1998	CT** 1998	
Total	7.2	7.0	
Black or African American	13.8	16.7	
Hispanic or Latino	5.8	9.6	
Asian or Pacific Islander	5.5	NR#	4.5
American Indian or Alaska Native	9.3	NR#	
White	6.0	5.7	

 * Per 1000 live births.
 ** Data 2010, Healthy People 2010 Data Base, National Vital Statistics System, Centers for Disease Control and Prevention, National Center for Health Statistics, September 2001 Edition.
 # Not Reported

Infant Mortality is an important measure of a nation's health and a worldwide indicator of health status.
One of the six health disparities targeted for elimination is Infant Mortality. The infant mortality rate (IMR) of 7.2 infants per 1000 live births was unchanged from 1997 when it dropped to the lowest ever recorded for the United States. Even though the Nation's IMR is down, the IMR among Black or African Americans is still more than double (13.8 infant deaths per 1000 live births) that of Whites (6.0 per 1000 live births) in 1998. Similarly in Connecticut, IMR among Black or African Americans in1998 was 16.7 infant deaths per thousand live births, more than three times that of Whites (5.7 per 1000 live births). Race cited on the death certificate is considered accurate for white and black infants (Rosenberg et al., 1999). For other racial groups, however race may be misreported on the death certificate; consequently, race for these population groups is better measured using data from the linked file of live births and infant deaths (MacDorman and Atkinson, 1999). IMR among Hispanic or Latinos in Connecticut was disproportionately higher (9.6 deaths per 1000 live births) than that of Whites.
References:
MacDorman, MF, Atkinson JO. Infant mortality statistics from the 1997 period linked birth/infant death data set. National Vital Statistics Report; Vol. 47 No. 23, Suppl. Hyattsville, Maryland: National Center for Health Statistics. 1999.
Rosenberg HM, Maurer JD, Sorlie PD, Johnson NJ, et al. Quality of death rates by race and Hispanic origin: A summary of current research, 1999. National Center for Health Statistics. Vital Health Statistics 2(128), 1999.

2. CANCER SCREENING AND MANAGEMENT

Age-Adjusted Death Rates for All Cancers for United States and Connecticut Residents*

Race/Ethnicity	Baseline		Target 2010
	U.S.A.** 1999	CT** 1999	
Total	202.7	194.5	
Black or African American	254.4	223.8	159.9
Hispanic or Latino	122.0	94.7	
Asian or Pacific Islander	125.3	72.4	
American Indian or Alaska Native	126.4	NR#	
White	199.8	193.8	

 * Per 100,000 persons of all ages. Age-adjusted 1999 base line data.
** Data 2010, Healthy People 2010 Data Base, National Vital Statistics System, Centers for Disease Control and Prevention, National Center for Health Statistics, September 2001Edition.
 # Not Reported [The age-adjusted mortality rate is not reported due to a small number of deaths (<15)].

Cancer is the second leading cause of death in the United States and in Connecticut. The age-adjusted death rate due to cancer was the highest for Black or African Americans both among Connecticut (223.8 per 100,000 persons) and U.S. residents (254.4 per 100,000 persons) followed by Whites (193.8 and 199.8 respectively). In 1999, Hispanic or Latinos died due to cancer at a higher rate (94.7 per 100,000 persons) than Asian or Pacific Islanders (72.4 per 100,000 persons).

3. CARDIOVASCULAR DISEASE

A. Age-Adjusted Death Rates for Coronary Heart Disease for United States and Connecticut Residents*

Race/Ethnicity	Baseline		Target 2010
	U.S.A.** 1999	CT** 1999	
Total	204	177	
Black or African American	250	204	166
Hispanic or Latino	144	120	
Asian or Pacific Islander	122	114	
American Indian or Alaska Native	128	NR#	
White	201	176	

 * Per 100,000 persons of all ages. . Age-adjusted 1999 base line data.
** Data 2010, Healthy People 2010 Data Base, National Vital Statistics System, Centers for Disease Control and Prevention, National Center for Health Statistics, September 2001Edition.
 #Not Reported [The age-adjusted mortality rate is not reported due to a small number of deaths (<15)].

B. Age-Adjusted Death Rates for Stroke for United States and Connecticut Residents*

Race/Ethnicity	Baseline		Target 2010
	U.S.A.** 1999	CT** 1999	
Total	62	50	
Black or African American	82	55	
Hispanic or Latino	40	29	48
Asian or Pacific Islander	52	NR#	
American Indian or Latino	40	NR#	
White	60	50	

* Per 100,000 persons of all ages. . Age-adjusted 1999 base line data.

** Data 2010, Healthy People 2010 Data Base, National Vital Statistics System, Centers for Disease Control and Prevention, National Center for Health Statistics, September 2001Edition.

#Not Reported [The age-adjusted mortality rate is not reported due to a small number of deaths (<15)].

Cardiovascular disease, primarily coronary heart disease and stroke, kills nearly as many Americans as all other diseases combined and is among the leading causes of disability in the United States. Cardiovascular disease is the leading cause of death for all racial and ethnic groups. Both among United States and Connecticut residents, Black or African Americans had the highest age-adjusted mortality rate for coronary heart disease followed by Whites and Hispanics or Latinos respectively.

The people dying from stroke have been reduced to half during past two decades, reflecting improved control of high blood pressure and a decrease in smoking (Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure, 1997). Again, Black or African Americans had the highest rate of deaths due to stroke both at national (82 per 100,000 population) and state (55 per 100,000 population) level followed by Whites (U.S.A.=60, Connecticut =50 per 100,000 persons). Interestingly, Asian or Pacific Islanders in Connecticut had lower death rate (29 deaths per 100,000 population in 1999) due to stroke than Black or African Americans and Whites. But at the national level, Asian or Pacific Islanders had the stroke related mortality rate of 52 per 100,000 population, much higher than Hispanics or Latinos and Native Americans (both 40 per 100,000 population).

Reference:

Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure, 1997. The sixth report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC VI). Archives of Internal Medicine. 157: 2413-2446.

4. DIABETES

Age-Adjusted Death Rates for Diabetes for United States and Connecticut Residents*

Race/Ethnicity	Baseline		Target 2010
	U.S.A.** 1999	CT** 1999	
Total	77	71	
Black or African American	135	142	
Hispanic or Latino	89	66	
Asian or Pacific Islander	62	68	45
American Indian or Alaska Native	112	NR#	
White	72	67	

 * Per 100,000 persons of all ages. . Age-adjusted 1999 base line data.
 ** Data 2010, Healthy People 2010 Data Base, National Vital Statistics System, Centers for Disease Control, National Center for Health Statistics, September 2001 Edition.
 #Not Reported [The age-adjusted mortality rate is not reported due to a small number of deaths (<15)].

About 16 million people in the United States have diabetes and over 5 million of these people are unaware that they have the disease (CDC, 1999). Most minority groups in the United States have higher prevalence rates of Type 2 (adult onset) diabetes, develop more complications, and have higher death rates from the disease than do whites (Oxebdine, 1999). The disproportionate impact of Type 2 diabetes on minority populations has been attributed to factors such as a high-fat, high calorie, and low fiber diet; little exercise; obesity; and certain genetic factors. The relative contributions of these and related socioeconomic factors, however, are not well defined (Carter et al. 1996). Lack of timely, appropriate medical care may contribute to the complications of diabetes, such as shorten life span, lower extremity amputations, end stage renal disease, and blindness. Over half of all deaths from diabetes are caused by cardiovascular disease. In U.S.A., Black or African Americans and American Indian or Alaska Natives had the highest death rate due to diabetes, more than Whites and other groups in 1999. Black or African Americans in Connecticut died more than twice than Whites during 1999. Nevertheless, diabetes is believed to be underreported on death certificates.

References:

Carter, J. S., J. A. Pugh, and A. Monterrosa. Non-insulin-dependent diabetes mellitus in minorities in the United States. Annuals of Internal Medicine, 125: 221-32.1996

Centers for Disease Control. Chronic Diseases and Their Risk Factors: The Nation's Leading Causes of Death. U.S. Department of Health and Human Services, December 1999.

Oxedine, J. Who has diabetes? Closing the Gap (Newsletter of the Office of Minority Health, U.S. Department of Health and Human Services), February/March 1995:5.

5.0 HIV INFECTION/AIDS

AIDS Incidence Rates Per 100,000 population for United States and Connecticut Residents, 2000

Race/Ethnicity	Baseline		Target 2010
	U.S.A.* 2000	CT** 2000	
Total	16.7	18.6	
Black or African American	58.1	70.5	
Hispanic or Latino	22.5	77.4	1
Asian or Pacific Islander	3.4	1.4	
American Indian or Alaska Native	9.8	NCR***	
White	6.6	8.2	

* HIV/AIDS Surveillance Report, Volume 11, No. 2, National Center for HIV, STD and TB Prevention, Division of HIV/AIDS Prevention, Centers for Disease Control, Atlanta, GA., August 2001.

** HIV/AIDS Surveillance Report, Year-end Edition., HIV/AIDS Surveillance Program, Connecticut Department of Public Health. Hartford, Connecticut, December 31, 2000.

*** No case reported.

The annual numbers of diagnosed cases of have been declining slowly in Connecticut since 1995, a trend consistent with national findings. In 2000, 608 AIDS cases were reported to the Connecticut Department of Public Health. Since 1982, 11,574 cases have been reported in Connecticut. There are an estimated 5,913 persons living with AIDS in Connecticut. In 2000, the AIDS incidence rate was disproportionately higher among Hispanic or Latinos and Black or African Americans, more than 8 time that of Whites. Hispanic or Latinos, who tend to be reported at an earlier age than Whites and Black or African Americans in Connecticut, have AIDS incidence rates more than three times (77.4 per 100, 000 population) that of Hispanic or Latinos at national level (22.5 per 100, 000 population). Asian or Pacific Islanders had the lowest rate of diagnosed AIDS cases among all the population groups considered.

6.0 IMMUNIZATION

Estimated Vaccination Coverage in percentage among Children 19-35 Months in United States and Connecticut (Quarter 1, 2000 – Quarter 4, 2000)*

Race/Ethnicity	Baseline		Target 2010
	U.S.A.* 2000	CT* 2000	
Total	79.2	90.0	
Black or African American	72.9	NA**	
Hispanics or Latinos	75.3	83.8	
Asian or Pacific Islander	78.9	NA**	95
American Indian or Alaska Native	78.2	NA**	
White	82.2	92.7	

* Children in the Q1/2000-Q4/2000 National Immunization Survey were born between February 1997 and May 1999.

** Estimate=NA (Not Available) if the unweighted sample size for the numerator was <30 or (CI half width) / estimate>0.5 or (CI half width) >10

Source: National Immunization Survey, National Immunization Program, and Centers for Disease Control and Prevention. 2001.

The central mission of national public health systems to immunize children against infectious diseases has been substantial success. During the 20th century the United States has seen the incidence of measles, pertusis, and diptheria fall by more than 98 percent due primarily to the distribution of vaccines that immunize children against these illnesses. But many children are still not adequately vaccinated, and levels of disease can be lowered much further. At national level, only 68.2 percent Black or African American children were completely immunized until Quarter 4, 2000 as against 76.0 percent Whites. In Connecticut, 88.3 percent of Hispanic or Latino children were completely immunized as compared to 82.1 percent of White children. Here complete immunization is referred as per recommendations of CDC for 18-month-old children:

Diphtheria, Tetanus, and Pertusis (DPT) = 4 Shots
Polio = 3 Shots
Measles, Mumps, and Rubella (MMR) = 1 Shots
Hepatitis B = 3 Shots
Haemophilus Influenzae, Type b = 3 Shots
Varicella Zoster = 1 Shot